

ACTIVITY WAIVER AND RELEASE FORM

PARADOSI CHRISTIAN BALLET • PARADOSI BALLET COMPANY • SURRENDERED SCHOOL OF DANCE

(You must agree to the following statements before participating in any Activity hosted by the organization)

THIS FORM IS TO BE COMPLETED BY SOMEONE WHO IS 18 YEARS OF AGE OR OLDER WHO IS A PARENT OR LEGAL GUARDIAN OF THE DESCRIBED STUDENT OR AN ADULT PARTICIPANT FOR THEMSELVES.

ONE FORM PER PARTICIPANT

Assumption of Risk and Waiver of Liability: I, the undersigned participant, or the legal guardian of the participant if under 18 years of age, hereby voluntarily agree that this waiver applies to myself and to any of my children or legal dependents who participate in activities hosted, sponsored, or affiliated with **Paradosi Christian Ballet**, a nonprofit organization, including any of its current or future *doing business* as (dba) names such as **Paradosi Ballet Company** and **Surrendered School of Dance**; collectively referred to herein as "Paradosi." Covered activities include, but are not limited to: dance classes, rehearsals, outreach performances, workshops, private lessons, master classes, worship events, transportation to or from events, and other related physical and artistic activities (the "Activities").

I acknowledge that participation in dance and related activities carries inherent risks, including but not limited to physical injury, illness (including COVID-19 and other contagious diseases), emotional distress, or property damage. I understand these risks and voluntarily assume them on behalf of myself and my child(ren).

Health Acknowledgment: I acknowledge that participation in dance and related physical activities may pose health risks, especially for individuals with personal or family histories of high blood pressure, heart disease, chest pain, high cholesterol, smoking, or joint or bone conditions. I understand that it is my responsibility to consult with a physician or qualified health care provider to determine whether participation is appropriate for myself or my child. I agree to immediately stop participation and notify Paradosi staff if I or my child experience faintness, dizziness, chest pain, or shortness of breath during any activity.

Waiver and Release: In consideration for the opportunity for myself and/or my child(ren) to participate in the Activities, I hereby release and forever discharge Paradosi, its officers, directors, instructors, volunteers, agents, employees, successors, and assigns (collectively, the "Released Parties") from any and all liability, claims, demands, or causes of action for injuries, damages, or losses (including those caused by ordinary negligence) that may arise from participation in the Activities.

This waiver does not waive claims arising solely from gross negligence or willful misconduct of the Released Parties, to the extent required by applicable law.

Indemnity Agreement: I agree to indemnify and hold harmless the Released Parties from any claims, damages, costs, or expenses (including attorney's fees) arising out of or related to participation by myself or my child(ren) in the Activities.

Medical Treatment Authorization: I authorize Paradosi to obtain emergency medical treatment on behalf of the participant if deemed necessary. I understand that Paradosi staff are not licensed medical professionals and may provide only basic first aid. In the event of a medical emergency, I authorize Paradosi to seek professional care and agree to be financially responsible for any resulting costs.

Media Release: I grant Paradosi the right to take and use photos, video, and audio recordings of me or my child in connection with its programs for promotional, archival, or educational purposes, without compensation. I understand that I may opt out of media usage by submitting a written request. However, I acknowledge that if I choose to opt out, my child may not be permitted to participate in showcases or other public events that are recorded or photographed.

Touch Consent: I understand that appropriate physical contact may occasionally be necessary for teaching proper dance technique, posture correction, or ensuring student safety. I give consent for such contact when applied in a professional and respectful manner by authorized instructors or assistants. I acknowledge that students are encouraged to speak with staff if they ever feel uncomfortable or have questions about this practice.

Revocation: This waiver shall remain in effect indefinitely unless and until revoked in writing by the participant or their legal guardian.

Governing Law and Venue: This agreement shall be governed by and construed in accordance with the laws of the State of Washington. Any legal action arising under this agreement shall be brought in Pierce County, Washington.

Severability: If any provision of this agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Digital Signature Validity: Digital or electronic signatures on this document shall be valid and enforceable to the same extent as a handwritten signature under the Uniform Electronic Transactions Act (UETA) and applicable federal law.

Acknowledgment: I have read and understand this waiver and release of liability. I sign it voluntarily and with full knowledge of its significance.

Participant's Name: _____ Participant's Birthday: ____/____/____
(Printed - First and Last)

Signature: _____ Date: _____ (Minors do not need to sign)

(If participant is under 18) Parent/Guardian: _____
(Printed - First and Last)

Parent/Guardian: _____ Date: _____

Please Provide the Following Information:

Students Home Address: _____

City: _____ State: _____ Zip: _____

Primary Emergency Contacts Name: _____ Relationship To Student: _____

Primary Emergency Contacts Phone Number: (____) _____

Secondary Emergency Contacts Name: _____ Relationship To Student: _____

Secondary Emergency Contacts Phone Number: (____) _____

The Following Section Is Optional

List any Authorized Medications, Injuries, or Medical Conditions that you would like for us to know about: